



GENERAL SERVICES DIVISION

CONFINED SPACE ENTRY PERMIT

THIS PERMIT IS TO BE KEPT AT THE JOB SITE

UNTIL THE JOB IS COMPLETED

COPY to Entry Supervisor

COPY at Job Site (To be Returned to Safety Office Following Job Completion)

DURATION: This permit is valid only for the following time frame:

ISSUE DATE: _____ TIME: _____

EXPIRES ON - DATE: _____ TIME: _____

SITE LOCATION: _____

(Building Name/Number, Street Address, Room Number, etc.)

PURPOSE OF ENTRY: _____

(Equipment to be Worked On and Type of Work)

WARNING: Cellular Telephones Not Permitted in Confined Spaces

1. **INITIAL ATMOSPHERIC CHECK:** Instrument Used: BW GasAlertMax

CO _____ ppm H₂S _____ ppm Other _____

O₂ _____ % LFL _____ %

Acceptable Levels for Entry: 19.5% < O₂ < 23.5% CO < 50 ppm

LFL < 10 % H₂S < 10 ppm

Tester's Signature _____ Date/Time _____

2. **HAZARD ISOLATION**, i.e., Lines Blinded, Disconnected or Blocked. The following measures are to be used to eliminate/control hazards in the confined space:

HAZARD

CONTROL

COMPLETE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. **VENTILATION:**

Mechanical Yes _____

Purge Time _____

N/A _____

Natural Yes _____

N/A _____

9. **EQUIPMENT:** Enter "N/A" for items that do not apply.

COMPLETE

Direct Reading Gas Monitor - Tested _____

Fall Arrest/Restraint, Each Entrant - Inspected _____

Full Body Harness w/ Back D-Ring

Lifeline & Connectors

Rescue Retrieval System - Inspected _____

Tripod

Personnel and/or Equipment Winch (Raise, Lower, Brake, Line)

Communications - Fresh Batteries & Tested _____

For Summoning Rescue

For Talking Between Entrants & Attendant

PPE - Inspected

Hard Hat _____

Hearing Protection (Plugs or Muffs) _____

Eye Protection _____

Safety Glasses

Face Shield

Chemical Goggles

Welders

Respirator _____

1/2 Face

Full Face

SCBA

Other, Type: _____

Type Cartridge _____

Last Trained on _____

Fit Tested _____

Outer Garment _____

Apron _____

Coveralls _____

Other: _____

Gloves, Type: _____

Footwear, Type: _____

Portable Lighting & Electrical Equipment _____

Required to be NEC Class 1, Div. 1 Yes _____ No _____

OTHER: _____

I VERIFY THAT ALL OF THE ABOVE PRE-ENTRY PREPARATIONS HAVE BEEN COMPLETED, THE ENTRANT(S) AND ATTENDANT(S) HAVE BEEN BRIEFED AND PROPERLY EQUIPPED, AND THAT THE SPECIFIED CONFINED SPACE IS SAFE TO ENTER.

ENTRY SUPERVISOR: _____ **PHONE:** _____
(Name)

ALTERNATE

ENTRY SUPERVISOR: _____ **PHONE:** _____
(Name)

Entry Supervisor's **SIGNATURE** _____ **DATE:** _____

CONFINED SPACE ENTRY

PERIODIC ATMOSPHERIC TESTING

Continuous monitoring results should be recorded by the entrant every 2 hours. Peak Readings will be annotated when the work is completed.

Location _____

Instrument Used: BW GasAlertMax Other _____

READINGS

DATE: _____

[illegible]

ENTRANT(S): _____
